

P.O. Box 31279 Phoenix, AZ 85046-1279 Tel: (602) 257-0802 www.azce.com

CREDIT APPLICATION
Company Name:
Company Address:
Industry: Years in Business:
Form of Business: (Partnership, Corp, LLC, etc.)
FED ID#:
Contact Name:
Telephone:
Email:
Have you had any:   IRS Liens   Liens   Bankruptcies   Judgements
Equipment Location: (If diff. from above)
OWNERSHIP INFORMATION
1. Name, Title, & SSN:
Home Address:
Phone & Email:
2. Name, Title, & SSN:
Home Address:
Phone & Email:

## PAGE 2

BANK REFERNCES
Bank Name:
Account Number:
Contact Name:
Phone Number:
Bank Name:
Account Number:
Contact Name:
Phone Number:
TRADE REFERNCES
Account Name:
Account Number:
Contact Name:
Phone Number:
Account Name:
Account Number:
Contact Name:
Phone Number:
EQUIPMENT
Equipment Description:
Serial Number:
Equipment Cost:

## PAGE 3

INSURANCE
Company:
Agent:
Phone:
I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.
Sign,
Title: Date: